Jnd	er the Paperwork PATE	NT APPLICA	MOITA	ersons are require FEE DETER e for Form PTO-	RECORD	mation unle	ss it displays a valid OMB control number. Application or Docket Number.			
CLAIMŚ AS FILED PART I (Column 1) (Column 2)						SMALL E	NTITY	OR	OTHER SMALL I	
_	FOR	NUMBER	NUMBER FILED NUMBER		EXTRA	RATE	FEE_]	RATE	FEE
	FEE FR 1.16(a))		,				s	OR		\$
ATC	L CLAIMS FR 1.16(c))		minus 20 =			x \$=		OR	x \$=	
DE	PENDENT CLAIM	s 	minus 3 =			x \$ _=		OR	x \$=	
	OTA TOO							OR	+s =	
IULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+\$=		1 '	·	
f th	e difference in co	olumn 1 is less that	n zero, en	er "0" in column 2.		TOTAL		OR	TOTAL	
	CL	AIMS AS AME	NDED -	- PART II						
ξ.	14-05	(Column 1)		(Column 2)	(Column 3)	SMALL E	NTITY	. OR	OTHER SMALL	R THAN ENTITY
ر اک	1100	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAI
	7-4-1	AMENDMENT	Minus	PAID FOR	=		FEE	-		FEE
[]	Total (37 CFR 1.16(c))	. 10		<u> 30 </u>		x \$=		OR	x \$=	
MENDINEN	Independent (37 CFR 1.16(b))	. <u>2</u> _	Minus	<u> </u>		x \$=		OR	.x \$=	
⋛┃	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$=		OR	+\$=	
		•				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)_			_		
DMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE
	Total	•	Minus	**	=	x \$=		OR	x \$=	
END	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	•	Minus	***	=	x \$=		OR	x \$=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+s =		OR	+s =	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT COMM (5) OT 11.100/					TOTAL	 	OR	TOTAL ADD'L FEE	
						ADD'L FEE	l	_	ADDETEL	
		(Column 1)	,	(Column 2)	(Column 3)			7		1
MENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADD TION FEE
	Total (37 CFR 1.16(c))	•	Minus	**	=	x \$=		OR	x \$=	<u> </u>
AMENDM	Independent (37 CFR 1.16(b))	•	Minus		#	x \$=		OR	x \$=	<u> </u>
Ĭ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$ =		OR	+ \$=	<u> </u>
_	FIRST PRESENTATION OF MOUTIFLE DEPENDENT GOOM (57 G. N. 1. 10/0))					TOTAL	 	7	TOTAL	

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.